

# 2012

## ProviderConnect™ Guide



NYCBHO

9/28/2012

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**OptumHealth**

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# ProviderConnect™ Guide

## Logging In to ProviderConnect™

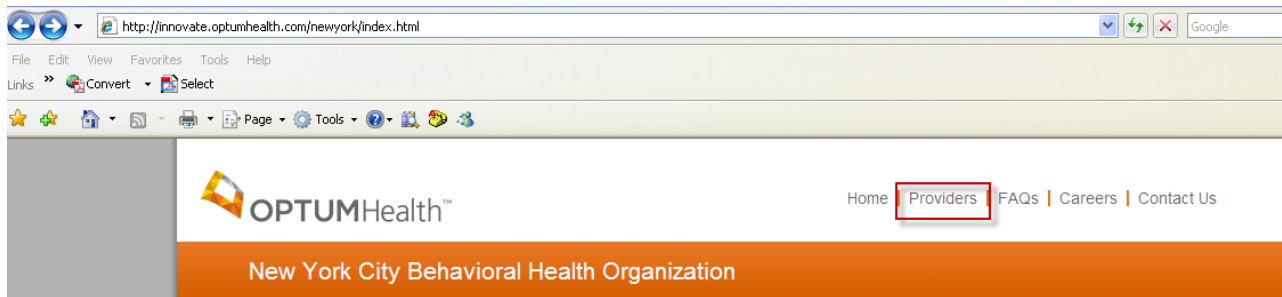
### Site location:

<http://www.optumhealthnyc.com/>

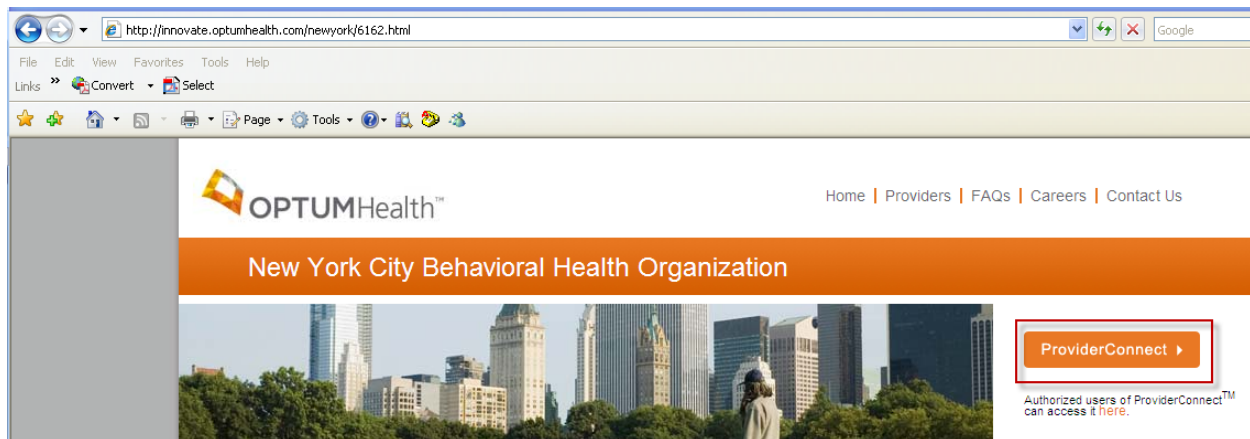
Click the link or copy and paste it into the address bar of Internet Explorer.

Once you have entered the website listed above:

1. **Click Providers Link in the Upper Right Hand corner**



2. **Click ProviderConnect link**



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## Login Screens

1. Secure Login Screen. **Enter User ID and Password.** If you do not have a user ID and password you can call the **Help Desk at 1-866-505-3398 Option 4**



**ProviderConnect**  
*A Continuum of Interactive Community Healthcare*

**Secure Login**

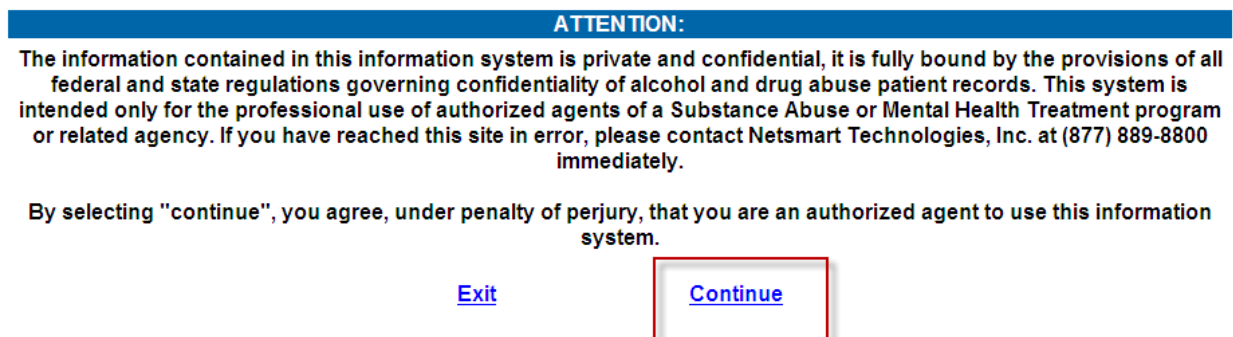
Please enter your username and password below.

<b>Username:</b>	<input type="text"/>
<b>Password:</b>	<input type="password"/>

**LOGIN**

When entering your password, please ensure that your Caps Lock key is not depressed.

2. **Click Continue**



**ATTENTION:**

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 889-8800 immediately.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

[Exit](#) [Continue](#)

In the ProviderConnect™ News Section (see picture below) there will be updates posted to the system. Please check frequently for news and updates to the system.

3. **Click Skip to Main Menu**

# ProviderConnect™ Guide

**ProviderConnect - News**

	No.	Date	News
-	1.	12/23/2011	Your Care Advocates are: Tom Smith Terry Sample Sam Sands
	2.	12/11/2011	Welcome to ProviderConnect

<< Previous Page

Skip to Main Menu

About ProviderConnect v2.173

4. You should now be in the **Main Menu**

**You are logged in as:** Train03

**Your last login was:** 4/11/2012 11:31:00 AM

Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit

## Add New Client/Client Search

### First Time or Faxed-Called In Clients

You will use the **Add New Client/Client Search** link if this is the first time for entering in the client information **OR** if you initially faxed or called in the client information.

**You are logged in as:** Train03

**Your last login was:** 4/11/2012 11:31:00 AM

Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit

Once you have clicked the **Add New Client/Client Search** you will be in the Search Criteria screen.

1. Last Name and Medicaid ID are **REQUIRED** fields.
2. Enter the **Last Name and Medicaid ID** and click **Search by Criteria**

# ProviderConnect™ Guide

ProviderConnect - Add New Client/Client Search

TEST,NEW YORK 4/11/2012 11:51

Search Criteria	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Social Security Number:	<input type="text"/>
Date of Birth:	<input type="text"/>
Medicaid ID:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Unknown - U

Search by Criteria

No clients found

Create New Admission

3. If **No Clients Found** appears you can click to **Create New Admission**.

HOWEVER: You may be creating a duplicate client. PLEASE CALL FIRST BEFORE CREATING A CLIENT

**NOTE:** if you feel that the client should be located based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the **IT Help Desk at 1-866-505-3398 Option 4** for assistance in locating your client.

## Admission Information Form

The **Provider Admission Form** is the first step in the admission process when creating a new client admission. In the form you will fill out the admission information and the demographics fields.

**Required Fields include:**

Type of Admission

Sex

Date of Birth

Program (Choose Default)

Social Security Number (if none type: 111-11-1111)

Medicaid ID (pre-populated from Search criteria)

Client First Name

Client Last Name (pre-populated from Search criteria)

County of Residence

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Admission Information	
Episode Number 1	Treatment Service Please Choose One
Type of Admission Please Choose One	Sex <input type="radio"/> Female - F <input type="radio"/> Male - M
Age	Date of Birth
Attending Practitioner Please Choose One	Admitting Practitioner Please Choose One
Medicaid ID XY123456Z	Program Please Choose One
	Social Security Number

Demographics	
Client Last Name Doll	Client First Name
Client Address Line 1	Client Address - City
Client Address - Zip Code	

After completing the information Click: **Save Admission** at the bottom of the screen and return to the **Main Menu to Lookup the client** and continue completing the admission process. See Page 9.

4. **If you find the client** you can click on the Member number to the left of the name so that you can move to the next step to completing the admission process.

Search Criteria	
Last Name:	Doll
First Name:	
Social Security Number:	
Date of Birth:	
Medicaid ID:	XY123456Z
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Unknown - U

**Search by Criteria**

Search Results		
ID	Name	Score
736	BARBIE DOLL	99

**NOTE:** if you did not find your client based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the IT Help Desk at 1-866-505-3398 Option 4 for assistance in locating your client to avoid creating duplicates.



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**NOTE:** If you enter a Date of Birth as a part of the Search Criteria, you will now need to enter a four digit year: MM/DD/YYYY

Search Criteria	
Last Name:	<input type="text" value="Doll"/>
First Name:	<input type="text"/>
Social Security Number:	<input type="text"/>
Date of Birth:	<input type="text" value="01/04/66"/>
Medicaid ID:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Unknown - U



## Lookup Client

### Previously Entered Clients

You will use the **Lookup Client** link if you or your colleagues have previously entered a client within ProviderConnect.

1. Click the **Lookup Client** link from the Main Menu

<b>You are logged in as:</b>	Train03
<b>Your last login was:</b>	4/11/2012 11:31:00 AM

Main Menu - Provider		
<b>Lookup Client</b>	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit
---------------

2. The **Lookup Search** criteria fields are **NOT** required. The Member ID is the Optum number assigned to the client within ProviderConnect.

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	TEST,NEW YORK

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

**Search by Criteria**



- A. If Not found you may create a New Client:

**HOWEVER:** You may be creating a duplicate client. PLEASE CALL FIRST BEFORE CREATING A CLIENT

**NOTE:** if you feel that the client should be located based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the **IT Help Desk at 1-866-505-3398 Option 4** for assistance in locating your client.

3. By choosing not to add any criteria you will have a complete list of clients. To narrow the search you may add criteria within the search fields (but not required). **Now you can click the Member number to enter information into the Matrix.**

**NOTE: There will also be a field to search by Medicaid ID Number**

<a href="#">723</a>	tuna	charles	TEST,NEW YORK
724	Jagger	Mick	TEST,NEW YORK
725	Richards	Keith	TEST,NEW YORK
726	bowery	joe	TEST,NEW YORK
727	queen	lilly	TEST,NEW YORK
728	want	donna	TEST,NEW YORK
729	hill	Bea	TEST,NEW YORK
734	offer	happy	TEST,NEW YORK
735	park	nat	TEST,NEW YORK
736	Doll	Barbie	TEST,NEW YORK

## Individual Information Matrix

The individual information matrix contains the client's clinical information that you fill out and submit. **Once you have added or located your client you will want to complete the individual information matrix.** By clicking the member number within your search criteria you will be taken to the Demographic screen.

1. To access the Matrix click the **New York Individual Information Matrix** link on the left side:

Member ID

736

Demographic

Provider Admission

New York Children with SED

New York Individual Information Matrix

Exit to Main Menu

ProviderConnect - Demographic

TEST,NEW YORK 4/11/2012 12:53:54 PM

Lookup Client | Main Menu | Log Out

Client Name: Doll, Barbie

Member ID: 736

SSN:

Member Demographics

Social Security Number

123-45-6789

Date of Birth

1/4/1998

Member Street 1

Member Street 2

Member City

Member County

-Please Choose One-

Member State

-Please Choose One-

Member Zip Code

Member Phone Number

Member Work Number

Member Language

-Please Choose One-

Ethnicity

-Please Choose One-

Race

-Please Choose One-

Client Maiden Name

Veteran

Education Level At Admission

-Please Choose One-

Citizenship Status

-Please Choose One-

Pre-Admission Disposition

Employment Status

-Please Choose One-

Marital Status

-Please Choose One-

Save Record

## Add New Record

Each transaction type (Initial Admission, Concurrent, Discharge) you must click the **Add New Record** button each time for the form to open the fields **then choose the transaction type**

<b>Member ID</b> 768	Client Name: Doe, Jack Member ID: 768 SSN:															
Demographic: Provider Admission	<table border="1"> <thead> <tr> <th colspan="5">New York Individual Information Matrix Items</th> </tr> <tr> <th></th> <th>Date of Admit</th> <th>Data Entry By Login</th> <th>Provider</th> <th>Admission Type</th> </tr> </thead> <tbody> <tr> <td>Select</td> <td>04/24/2012</td> <td>CARELINKUSER</td> <td>30</td> <td>Psychiatric Inpatient</td> </tr> </tbody> </table>	New York Individual Information Matrix Items						Date of Admit	Data Entry By Login	Provider	Admission Type	Select	04/24/2012	CARELINKUSER	30	Psychiatric Inpatient
New York Individual Information Matrix Items																
	Date of Admit	Data Entry By Login	Provider	Admission Type												
Select	04/24/2012	CARELINKUSER	30	Psychiatric Inpatient												
New York Children with SED New York Individual Information Matrix	<div> <div>Add New Record</div> <div>Click Here</div> </div>															
Exit to Main Menu	<table border="1"> <thead> <tr> <th colspan="2">Section I Admission Content</th> </tr> </thead> <tbody> <tr> <td>Transaction Time</td> <td>Record Status</td> </tr> </tbody> </table>	Section I Admission Content		Transaction Time	Record Status											
Section I Admission Content																
Transaction Time	Record Status															

## Section I Admission

**Note:** Record Status should be ACTIVE. If selecting a record and INACTIVE appears you are in the incorrect record. This field remains grayed out. Section I of the Matrix is the Admission section.

1. Click Add New Record you will activate Section I.

Section I Admission Content	
Record Status <input checked="" type="radio"/> active <input type="radio"/> inactive	Transaction Type Admission
Provider Search for: (1) NTST TEST PROVIDER	
Is there an OASAS consent on file? <input type="radio"/> No <input checked="" type="radio"/> Yes	
Record Creation Date 09/24/2012 Today Yesterday	Record Creation Time 10:08 AM Current Time
Fax Record Received Date Today Yesterday	Fax Record Received Time Current Time

2. You will then want to begin filling out the required fields listed below.

## Transaction Types

This is a **NEW required field**. Each option available is dependent on the current transaction of the patient. Each new record you will want to select the appropriate transaction type to allow the specific section to display the required fields necessary to submit the Matrix.

### Admission

This is the initial admission of the client. By selecting Admission this will activate Section 1 content.

### Concurrent

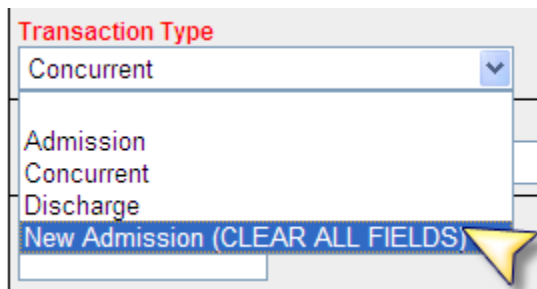
This is the continued stay of the client. By selecting Concurrent this will activate Section 2 along with Section 1 content.

## Discharge

This is the release of the client. By selecting Discharge this will activate Section 3 along with Section 1 and Section 2 content.

## New Admission: Clear All Fields

This is the readmission of the client. By selecting New Admission: Clear All Fields this will clear fields within the form except for a few fields. This does NOT delete prior submitted data.



A screenshot of a web form's 'Transaction Type' dropdown menu. The menu is open, showing four options: 'Concurrent', 'Admission', 'Discharge', and 'New Admission (CLEAR ALL FIELDS)'. The 'New Admission (CLEAR ALL FIELDS)' option is highlighted with a blue background and a yellow arrow pointing to it. The dropdown is set against a light gray background.

## Oasas Consent

Answer yes or no to the question: Is there an OASAS consent on file?

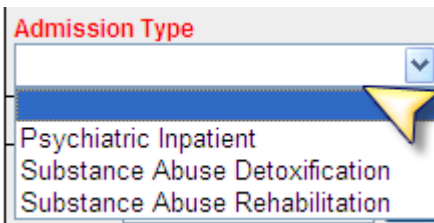
## Other Required Fields

**Date of Admit:** Month/Day/Year of Admission. You can press: **Today** or **Yesterday** button to input date



A screenshot of a web form's 'Date of Admit' input field. The field contains the date '04/17/2012'. To the right of the input field are two buttons: 'Today' and 'Yesterday', both with a red background and white text. The entire form is set against a light gray background.

**Admission Type:** Inpatient, Detox, Rehab



A screenshot of a web form's 'Admission Type' dropdown menu. The menu is open, showing three options: 'Psychiatric Inpatient', 'Substance Abuse Detoxification', and 'Substance Abuse Rehabilitation'. The 'Psychiatric Inpatient' option is highlighted with a blue background and a yellow arrow pointing to it. The dropdown is set against a light gray background.

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**Axis I Primary:** enter in the Search box either the **diagnosis name or the DSM code** and click Search to activate the drop down box. Select from the drop down box the appropriate diagnosis.

## Reason For Admission (Why now?) and Other Text Fields

The screenshot shows the 'Reason(s) for Admission (Why now?)' section. It includes a list of checkboxes for reasons such as 'Problems with work', 'Social issues', 'legal problems', 'non adherence to tx (other than meds)', 'occupation/school performance', 'Other\*\*', 'parent child conflict', 'Phys./sexual/emotional abuse or trauma', 'Police/emergency detention', and 'reaction to medication'. A yellow callout box points to the 'Other\*\*' checkbox with the text: 'Section I Admission - added Reason(s) for Admission (Why now?). Other\*\* selection will require Other textbox'. Below the list is a text area labeled 'Other'. At the bottom, there are instructions: '\*Please complete and submit within 24 hours following admission or by 5 p.m. the next business day following weekend and holiday admissions.' and 'If this is a readmission within 30 days for inpatient/detox or within 45 days for rehabilitation, send prior discharge plan with Matrix submission.' There is also a 'Record Created By' field and a 'Search' button.

**SEE PAGE 19 FOR STEP BY STEP INSTRUCTIONS OF AXIS I INPUT**

The screenshot shows the 'Axis I Primary' search box. It has a text input field with 'Bipolar' entered, a 'Search' button, and a dropdown arrow. A yellow callout box points to the search button with the text: 'Enter the first few letters of the diagnosis name OR the numeric DSM code and click the search button. You MUST then select an official diagnosis from the blue drop down list.'

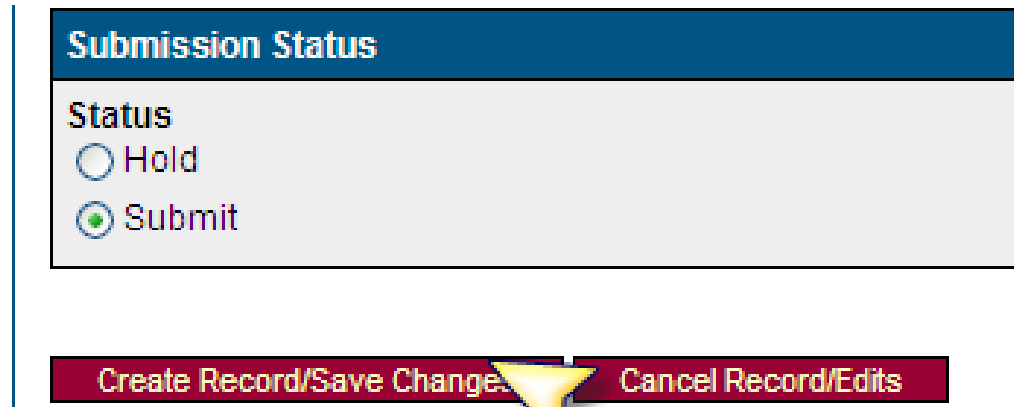
**Reason(s) for Admission (Why Not?):** Why does the patient need this level of care?

**Readmission for MH within 30 Days of SA within 45 days:** Yes or No

The screenshot shows the 'Reason(s) for Admission (Why now?)' section with a large text area for input. Below it is the 'Readmission for MH within 30 days or SA within 45 days' section, which has two radio buttons: 'No' and 'Yes'.

**If Answering YES to Readmission for MH within 30 days or SA within 45 days will require to answer the question: Readmission to Same Facility?**

3. Make sure to Submit the Admission. The submit button is at the bottom of the page. Click Create Record/Save Changes



The screenshot shows a web interface. At the top is a blue header bar with the text "Submission Status" in white. Below this is a light gray box containing the label "Status" in bold. Under "Status" are two radio button options: "Hold" (with an empty radio button) and "Submit" (with a radio button that has a green dot in the center). Below the gray box is a dark red horizontal bar containing two buttons. The left button is labeled "Create Record/Save Changes" and the right button is labeled "Cancel Record/Edits". A yellow arrow points from the "Create Record/Save Changes" button towards the "Cancel Record/Edits" button.

### Section II Concurrent Review

Section II is the concurrent review. You will want to fill this section out after completing and submitting the Initial Admission.

1. Click **Add New Record**
2. All of Section I will be pre-populated from the previous submission.
3. By choosing **Concurrent** in the **Transaction Type** you will activate this section. You will want to fill out the required fields.

Required Fields

Physical and Behavioral findings  
Current Status of Individual including mental status results  
Axis I Primary

Section II Concurrent Review	
Physical and Behavioral assessment findings	
<div></div>	
Current status of individual including mental status results	
<div></div>	
Current Diagnosis(es)	
Axis I Primary	
Search for: <div></div> <div>Search</div>	
<div></div>	





Is there a co-occurring behavioral health disorder

Is this being addressed in the treatment plan

Is this being addressed in the discharge plan

Is there a co-morbid medical condition

Is this being addressed in the treatment plan

Is this being addressed in the discharge plan

Details

Is there a co-occurring behavioral health disorder?

- ☐ No  
☐ Yes

Detail

Is this being addressed in the treatment plan?

- ☐ N/A  
☐ No  
☐ Yes

Detail

Is this being addressed in the discharge plan?

- ☐ N/A  
☐ No  
☐ Yes

Detail

Is there a co-morbid medical condition?

- ☐ No  
☐ Yes

Detail

Is this being addressed in the treatment plan?

- ☐ N/A  
☐ No  
☐ Yes

What has worked in the past for treatment of individual  
What strengths individual/family system have to build on  
Status/Progress with Treatment Plan  
Has a Wellness Recovery Action Plan (WRAP) been initiated  
Preliminary Discharge Plan

What has worked in the past for treatment of individual?

What strengths individual/family system have to build on?

What is being done differently this time?

Status/Progress with Treatment Plan

If case management is needed and individual is not currently enrolled,  
Referral made?

▼

Has a Wellness Recovery Action Plan (WRAP) been initiated?

▼

If no, why?

Preliminary Discharge Plan

Referral to local peer/family services programs/supports  
 Individual involved in discharge planning  
 Individual's family involved in Discharge Planning  
 Contact with medical provider(s)  
 Contact with behavioral provider(s)  
 Is the individual enrolled in Managed Care  
 Is the individual enrolled in a Health Home  
 Case Manager/Care Coordinator Engaged in hospitalization

Referral to local peer/family services programs/supports
<input type="text" value=""/>
Individual involved in discharge planning?
<input type="text" value=""/>
Individual's family involved in Discharge Planning
<input type="radio"/> No
<input type="radio"/> Yes
Contact with medical provider(s)
<input type="text" value=""/>
Detail
<input type="text" value=""/>
Contact with behavioral provider(s)
<input type="text" value=""/>
Detail
<input type="text" value=""/>
Is the individual enrolled in Managed Care?
<input type="text" value=""/>
Is the individual enrolled in a Health Home
<input type="text" value=""/>
Did the individual have care coordinator prior to admission?
<input type="text" value=""/>
Case Manager/Care Coordinator Engaged in hospitalization?
<input type="text" value=""/>


4. Be sure to Submit. Click Create Record/Save Changes at the bottom of the page

## Current Medications

Current Medications is located in Section II of the Matrix **but can be filled out at any time** throughout the reviews (Initial: Section I, Concurrent: Section II, Discharge: Section III). In order to include medications:

1. Go to Current Medications in Section II. Click **Add New Record**
2. Locate the **Name** of the medication in the drop down.
3. If not found, type the name of the medication in the **Name box**
4. Type the **Dosage**
5. Type the **Frequency**

**NOTE:** Click Add New Record **AGAIN** to add another medication to the list. The last one entered will not show in the list until you submit the record.

<b>Add New Record</b>	
<b>Name</b>	ABILIFY 
<b>Name (not listed)</b>	<input type="text"/>
<b>Dosage</b>	5 mg
<b>Frequency</b>	1x/day
<b>Discontinued?</b>	<input type="radio"/> No <input type="radio"/> Yes

	Name	Name (not listed)	Dosage	Frequency
Select	ABILIFY		5 mg	1x/day
Delete				

## Section III Discharge Content

Section III of the Matrix is the discharge plan. In order to activate the discharge **you must first click Add New Record** and then choose the **Transaction Type: Discharge**. Complete the required fields:

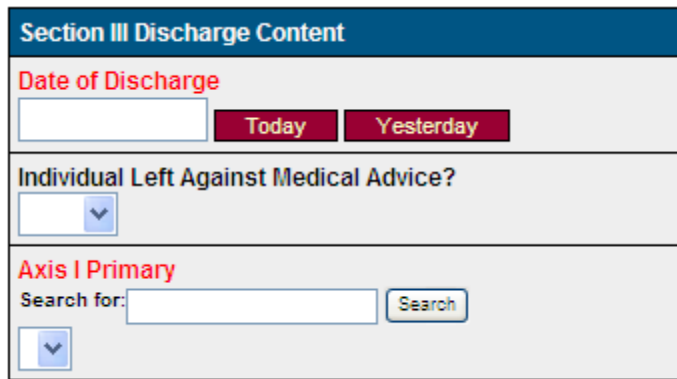
### Required Fields

#### Date of Discharge:

You can click **Today** or **Yesterday** Buttons

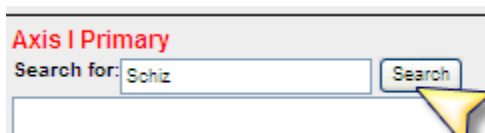
#### Axis I Primary

Be sure to enter the diagnosis name or code number and Click **SEARCH** to activate the drop down. You must choose from the drop down box



The screenshot shows a web form titled "Section III Discharge Content". It contains three main sections: "Date of Discharge" with a text input field and "Today" and "Yesterday" buttons; "Individual Left Against Medical Advice?" with a dropdown menu; and "Axis I Primary" with a "Search for:" label, a text input field, a "Search" button, and another dropdown menu.

1. Type the letters or the diagnosis code into the search box, and then press **Search**



This close-up shows the "Axis I Primary" section of the form. The "Search for:" text is followed by a text input field containing the word "Schiz". To the right of the input field is a "Search" button. A yellow arrow points to the "Search" button.

2. The drop down appears with a list of diagnosis codes to choose from

**Axis I Primary**

Search for:


- (295.10) SCHIZOPHRENIA, DISORGANIZED TYPE
- (295.20) SCHIZOPHRENIA, CATATONIC TYPE
- (295.30) SCHIZOPHRENIA, PARANOID TYPE
- (295.40) SCHIZOPHRENIFORM, DISORDER
- (295.60) SCHIZOPHRENIA, RESIDUAL TYPE
- (295.70) SCHIZOAFFECTIVE DISORDER
- (295.90) SCHIZOPHRENIA, UNDIFFERENTIATED TYPE

Case summary and D/S plan sent to the O/P Provider

**Case summary and D/S plan sent to the O/P Provider?**

Has individual been provided a written Crisis Plan  
If under 18 linkage with other systems

Has individual been provided a written Crisis Plan?

No 



If no, why?

If under 18 linkages with other systems?

N/A 

Appointments at Discharge: County will be required

New Required Questions Added

Individual involved in discharge planning?	<div>Moved these two questions from Section II Concurrent Review to Section III Discharge</div>
<div></div>	
Individual's family involved in discharge planning?	
<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>	
Contact with medical provider(s)	
<div></div>	
Detail	
<div></div>	



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Individual involved in discharge planning? <input type="button" value="v"/>	Individual's family involved in discharge planning? <input type="radio"/> No <input type="radio"/> Yes
Was an AOT petition filed? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes	AOT Petition Outcome <input type="button" value="v"/>
Has a SPOA application been submitted? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes	Services requested in the SPOA application? <input type="button" value="v"/>
Did DC plan include follow up services for all needs? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes	If no, what was lacking? <input type="checkbox"/> Case Management <input type="checkbox"/> Coordination with Child Welfare <input type="checkbox"/> Coordination with Educational System <input type="checkbox"/> Coordination with Juvenile Justice Sys <input type="checkbox"/> Identified Housing <input type="checkbox"/> Medical Care <input type="checkbox"/> Medication Supply <input type="checkbox"/> Peer Support
If under 21, did the D/C plan address multi-system needs? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes	If under 21, did D/C plan address home environment? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes
If under 21, did the D/C plan address DSS/ACS involvement? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes	If under 21, did the D/C Plan address educational needs? <input type="radio"/> NA <input type="radio"/> No <input type="radio"/> Yes

## Readmission

When a patient has been discharged and needs to be readmitted you will need to submit a new admission. This can be done in these simple steps:

1. Click **Add New Record**

New York Individual Information Matrix Items					
	Date of Admit	Data Entry By Login	Provider	Admission Type	Date of Discharge
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	04/17/2012

Add New Record

2. The previous data will be populated into the fields. Select **Transaction Type: New Admission: Clear All Fields**. This will clear most of the form fields previously entered. It will not delete or remove data that has been previously submitted.

Transaction Type

Concurrent

Admission

Concurrent

Discharge

New Admission (CLEAR ALL FIELDS)

3. Continue entering the information into Section 1 and Submit.

## Help Desk/Assistance

The IT Help Desk is available for support Monday through Friday 8 AM to 5 PM EST. Please call the Help Desk with your questions, issues or concerns to **1-866-505-3398 Option 4**

